

**BOX HILL INSTITUTE STUDENT IMMUNIZATION DECLARATION 2024**

STUDENT NAME ..... D.O.B .....

This record provides evidence of immunization for a Category A Health Care Worker. Vaccination against the disease listed below is necessary to undertake clinical / work placement as a student in Nursing, Individual Support, Health Services Assistance, Dental Assisting, Early Childhood Education & Youth Work.

Disease	Immune	Not Immune (Batch number & Date)
<b>Diphtheria, Tetanus &amp; Pertussis (dTpa)</b>	<input checked="" type="checkbox"/> confirmed by vaccination record of booster dose (within last 10 years)	<input checked="" type="checkbox"/> vaccination recommended Date: Batch Number:
<b>Polio</b>	<input type="checkbox"/> confirmed by history of <u>3</u> vaccinations	<input checked="" type="checkbox"/> vaccination recommended 1)Date:                      2)Date: Batch No.:                      Batch No.:  3)Date Batch No:
<b>Measles, Mumps, Rubella</b>	<input checked="" type="checkbox"/> confirmed by blood test	<input checked="" type="checkbox"/> vaccination recommended 1)Date:                      2)Date: Batch No.:                      Batch No.:
<b>Chickenpox (Varicella Zoster)</b>	<input checked="" type="checkbox"/> confirmed by blood test	<input checked="" type="checkbox"/> vaccination recommended 1)Date:                      2)Date: Batch No.:                      Batch No.:
<b>Hepatitis A</b>	<input checked="" type="checkbox"/> confirmed by blood test	<input checked="" type="checkbox"/> vaccination recommended 1)Date:                      2)Date: Batch No.:                      Batch No.:
<b>Hepatitis B</b>	<input checked="" type="checkbox"/> confirmed by blood test  Date: _____ ( _____ mIU/mL)  * must have blood test after 3 <sup>rd</sup> vaccination or booster to prove immunity	<input checked="" type="checkbox"/> vaccination recommended 1)Date:                      2)Date: Batch No.:                      Batch No.:  3)Date:                      4)Date: Batch No.:                      Batch No.:
<b>Tuberculosis</b>	Quantiferon Gold TB Test  <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative	Further action required <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES please state action required / taken:  Students who test positive MUST provide a letter from a GP or Immunization Nurse stating that they are NOT infectious.
<b>Influenza</b>	Previous date of immunization: Date: Batch No if known:	<input checked="" type="checkbox"/> vaccination recommended 2023                      2024 Date:                      Date: Batch No.:                      Batch No.:
<b>COVID19</b>	<input checked="" type="checkbox"/> confirmed by vaccination record	<input checked="" type="checkbox"/> vaccination recommended Dose 1            Dose 2            Dose 3 Date:            Date:            Date:

Name of Health Practitioner ..... Provider No. /Registration: .....

Signature of Health Practitioner..... Date: .....

\*\*\* Please attach a copy of your recent serology results